

REQUEST FOR COUNCIL ACTION

SUBJECT: Class B Beer
SUMMARY: Approve a Class B Beer License for Flavors of India

FISCAL
IMPACT: The City will receive a beer license fee in the amount of \$325.00
for a Class B Beer

STAFF RECOMMENDATION:

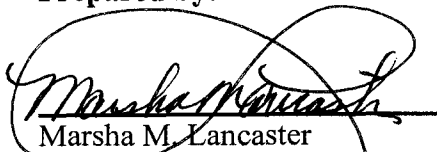
Staff recommends approval of a Class B Beer

MOTION RECOMMENDED:

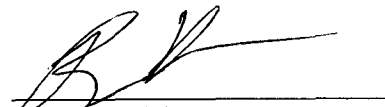
"I move to approve the Class B Beer
for Flavors of India at 1650 Fox Park Dr., West Jordan, Utah
84088

Roll Call vote required

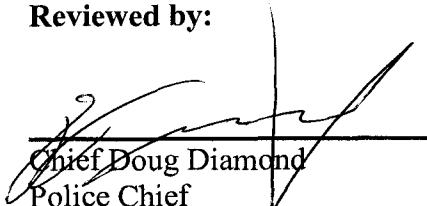
Prepared by:


Marsha M. Lancaster
Business License Coordinator


Reviewed by:


Ryan Bradshaw
Finance Manager

Reviewed by:


Chief Doug Diamond
Police Chief

Recommended by:


Rick Davis
City Manager

BACKGROUND DISCUSSION:

Flavors of India are an Indian restaurant. Flavors of India will be opening at the same address as Taste of India 1650 Fox Park Dr., West Jordan, Utah 84088 serving authentic Indian cuisine. Ms. Dhillon (BiBa) is very excited to serve the citizens of West Jordan. They will only be selling Beer at this time and will possibly seek a full restaurant alcohol permit at a later time.



INTEROFFICE MEMORANDUM

TO: Chief Doug Diamond
CC: Larry C Montgomery, Ryan Bradshaw
FROM: Marsha Lancaster
SUBJECT: Class B Beer
DATE: October 28, 2013

Attached is an application for the Flavors of India located at 1650 Fox Park Dr., West Jordan, Utah 84088. Jatinder k Dhillon (Biba) is the owner and will be overseeing and managing all of the operations for a restaurant and beer sales. There will be a City Council Agenda Action that will be needed. I have the information included in this packet for our police department to run back ground checks that are needed.

Sincerely,

Marsha M. Lancaster
Business License Coordinator



West Jordan Police

8040 South Redwood Road
West Jordan, Utah 84088
(801) 256-2000
Fax (801) 562-2105

Douglas L. Diamond
Chief of Police

December 9, 2013

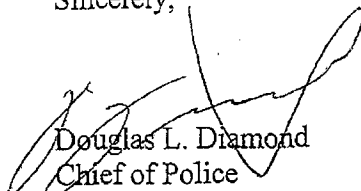
Attn: Marsha Lancaster
Finance Department

Dear Marsha,

I received the application for a Class B Beer License for Flavors of India, located at 1650 Fox Park Drive. It has been reviewed and I can see no reason for one not to be issued to them.

If you have any questions, please feel free to contact me at extension 2001.

Sincerely,


Douglas L. Diamond
Chief of Police

DLD/knj

City of West Jordan
8000 South Redwood Road
West Jordan, UT 84088
801-569-5010

CLASS B BEER AND RESTAURANT LIQUOR LICENSE APPLICATION

NOTICE

ALCOHOLIC SALES LICENSING APPLICATIONS TO WEST JORDAN CITY REQUIRE APPROVAL BEFORE THE LICENSE CAN BE ISSUED. NO IMMEDIATE PRIVILEGE IS GRANTED WITH THE COMPLETION OF AN APPLICATION.

THIS APPLICATION DOES NOT AUTHORIZE THE SALE, OR DISPLAY FOR SALE, OF ALCOHOLIC BEVERAGES UNTIL THE LICENSE HAS BEEN ISSUED.

Registered Business Name (DBA): Flavors of India

Corporation Name: _____

Business Address: 1650 Fox Park Dr. West Jordan Phone: 801-618-2200
84088

Mailing Address: _____

Name of Owner: Jatinder K. Dhillon (Biba)

Phone (Cell) 801-618-2200 (Work): 801-618-2200

Owner Address: 1650 Fox Park Dr. West Jordan
84088

Type of business or organization:

☐ Proprietorship

☒ Corporation

☐ Partnership

☐ Non-Profit Organization

☐ Limited Liability Company

A \$300.00 non-refundable application, investigation and processing fee is required at the time of application in addition to the annual licensing fee.

I/We hereby apply to the West Jordan City Council for the following license(s):

☒ **Class B Retail Beer** – Original container or on draft sales for on premises consumption which furnish meals in good faith to the guests and patrons thereof.

\$325.00 – Annual License Fee

Restaurant Liquor – Original container or on draft sales for on premises consumption which furnish meals in good faith to the guests and patrons thereof. Requires possession of State Restaurant Liquor License.

\$300.00 – Annual License Fee

City of West Jordan
8000 South Redwood Road
West Jordan, UT 84088
801-569-5010

Number of years this organization has been in business: In Utah 0 Elsewhere _____

Utah State Sales Tax Number: 13717576-003-STC

Does this organization possess any other municipal, county, and/or state licenses or permits allowing the sale of alcohol? ☐ Yes ☒ No

If Yes, in which jurisdiction(s)? _____

Has this business organization or any of its principals (officers, partners or managers) ever been convicted of or plead no contest to:

- 1) A felony under any federal or state law? ☐ Yes ☒ No
- 2) Any violation of any federal or state law or local ordinance concerning the sale, manufacture, distribution, warehousing, adulteration, or transportation or alcoholic beverages? ☐ Yes ☒ No
- 3) Has had any type of license, agency, or permit to sell liquor or beer revoked by any state, city or other state or local authority within the last five years?
☐ Yes ☒ No
- 4) Any crime involving moral turpitude? ☐ Yes ☒ No
- 5) Any misdemeanor conviction for crimes occurring within 5 years prior to the date of application. "Misdemeanor" shall not include minor traffic offenses (any traffic offense designated as a class "B" misdemeanor shall not be construed as a minor traffic offense). ☐ Yes ☒ No

If yes to any of the above, fully explain on a separate attached sheet. State the date and the jurisdiction in which the incident took place.

Number of employees who will dispense or sell alcoholic beverages: 1

Manager at this location: Jatinder K. Dhillon Phone: 801-618-2200

Assistant Manager at this location: _____

(Personal information required on following pages.)

BONDING COMPANY

(Required as per West Jordan Municipal Code Title 4-1B-10: Bond required from applicant for class B license.)

Name of bonding company: TRAVELERS

Address of bonding company: 770 Pennsylvania DR.
Exton PA 19341

Is bonding company licensed to do business in Utah? ☒ Yes ☐ No
A \$5,000.00 bond is attached: ☒ Yes ☐ No

NOTIFICATION

Provide the name and address of person to whom notification of violations and/or notification of official administrative action concerning the license should be sent. This person and address may NOT be the business address for which the license is issued. If the licensee is a national or regional business, the name and address must be the area, regional or national office headquarters.

Name: TRAVELERS
Address: 770 Pennsylvania DR.
Exton PA 19341
Telephone: 610-458-2214

An **applicant** means any person or individual applying for a license. If the application is made by a corporation, partnership, individual or entity doing business under an assumed name, each partner, principal, officer, director and any shareholder (corporate or personal) of more than 20% of the stock of the business entity shall also be considered an applicant.

The following is taken from Alcohol Beverage Municipal Code Title 4-1B-5: Application and Disclosure:

- B. Class B: An applicant seeking a class B beer sales license within the city for consumption on the premises shall provide a written application on forms provided by the city. The application shall be accompanied by:
1. The correct legal name of each applicant, corporation, partnership, limited partnership or entity doing business under an assumed name.
 2. If the applicant is a corporation, partnership, limited partnership, individual or entity doing business under an assumed name, submittal of the information

City of West Jordan
8000 South Redwood Road
West Jordan, UT 84088
801-569-5010

required for individual applicants for each partner, principal, officer, director and any shareholder (corporate or personal) of more than 20% of the stock of any applicant. Any holding company or any entity holding more and 20% of an applicant shall be considered an applicant for purposes of disclosure under this article.

3. Identification by all corporations, partnerships or noncorporate entities included on the application of each individual authorized by the corporation, partnership or noncorporate entity to sign the checks for such corporation, partnership or noncorporate entity.
4. For all applicants, a statement of:
 - a. Any other names or aliases used the individual;
 - b. The age, date and place of birth;
 - c. Height;
 - d. Weight;
 - e. Color of hair;
 - f. Color of eyes;
 - g. Present business address and telephone number (if applicable);
 - h. Present residence and telephone number;
 - i. Utah driver's license or identification number; and
 - j. Social security number.
5. Acceptable written proof that an individual is at least 21 years of age and a U.S. citizen.
6. A statement of the business, occupation and employment history of the applicant for three years immediately preceding the date of the filing of the application.
7. A statement detailing the license and permit history of the applicant for the five year period immediately preceding the date of the filing of the application, including:
 - a. Whether such applicant previously operated or was seeking to operate a business authorized to allow consumption of alcohol on the premises in this or any other county, city, state or territory.
 - b. Whether such applicant has ever had a license, permit or authorization to do business denied, revoked or suspended.
 - c. In the event of any such denial, revocation or suspension, a statement of the date, the name of the issuing or denying jurisdiction, and the

City of West Jordan
8000 South Redwood Road
West Jordan, UT 84088
801-569-5010

reasons for the denial, revocation or suspension. A copy of any order of denial, revocation or suspension shall be attached to the application.

8. Disclosure of all misdemeanor criminal convictions or pleas of no contest for five years prior to the application date and all felony convictions or pleas of no contest, and the disposition of all such convictions or pleas of no contest for the applicant, individual, or other entity subject to disclosure under this chapter. This disclosure shall include identification of all ordinance violations, except minor traffic offenses (any traffic offense designated a class B misdemeanor shall not be construed as a minor traffic offense), stating the date, place, nature of each conviction or plea of no contest, sentence of each conviction or other disposition; identifying the convicting jurisdiction and sentencing court; and providing the court identifying case numbers or docket numbers. Application for an alcohol business license shall constitute a waiver of disclosure of any criminal conviction or plea of no contest for the purposes of any proceeding involving the business or employee license. Each applicant will be required to sign a release authorizing the city to perform a criminal background check.
9. Copies of the applicant's business license (if available) and of the application to the state for a liquor license.
10. A map drawn to scale showing evidence of proximity to any religious facilities, schools, public parks, day care centers, sexually oriented business or other business currently possessing any license which allows it to serve or sell liquor or beer.
11. Evidence that the business is carrying dramshop insurance coverage of at least \$100,000.00 per occurrence, and \$300,000.00 in the aggregate.
12. A nonrefundable application fee in an amount adopted by the City Council in its uniform fee schedule.
13. At least three character references who meet the following qualifications:
 - a. The person giving the reference must have known the applicant for a minimum of five years.
 - b. The person giving the reference must be of good repute.
 - c. The person giving the reference may not be a relative of the applicant.
14. A signed consent form provided by the applicant stating that the licensee will permit any representative of the city or any law enforcement officer unrestricted right to enter the licensed premises.

15. Copies of the written policies, procedures, training materials and other methods which the applicant will use to ensure compliance with the laws relating to the marketing and sale of alcoholic beverages. The applicant must also sign a statement certifying that all employees have been trained in these policies, procedures and laws.
16. Any other information which the city may require to accurately evaluate the merits of the application.

COMPANY POLICIES

A copy of written company policies and procedures concerning the marketing and sales of alcoholic beverages are attached. [] Yes ☒ No Being written

If such written company policies and procedures are not attached, fully explain why.
(Attach a separate page to the back of this application.)

I/We certify that we have read the foregoing application and that the statements made therein are true. I/We recognize that any license to be issued hereunder is a mere revocable privilege and shall not confer any vested rights of any kind or nature upon me/us or my/our successors. The license applied for, if granted, shall be deemed to be personal and NON-TRANSFERRABLE to any other person or organization, or to any other location.

I/We have read the West Jordan City ordinances pertaining to the sale and use of alcoholic beverages and agree to abide by their terms. I/We recognize that any violation of said ordinances may jeopardize the license issued and that said violation will justify the City Manager's/City Council's revocation or suspension of the license to be issued. The said violations may also subject the bond I/We have filed herewith to forfeiture to the City and may further subject the offender to criminal prosecution. Any knowing misstatement, omission or misrepresentation of a material fact in this application will result in the revocation of the license issued.

SIGNATURE Jatinder K. Arora DATE 10/15/13
SIGNATURE Mehar Singh DATE 11/13/13
SIGNATURE _____ DATE _____
WITNESS _____ DATE _____

PARTNER, PRINCIPAL, OFFICER, AND DIRECTOR

The following personal information must be furnished for each partner, principal, officer and director who own more than 20% of the stock. Any holding company or any entity holding more than 20% should also give the same information. This will expedite the background check.

Name/Aliases: Jatinder DHILLON

Business Address:

1650 W. Fox Park Dr.
West Jordan Utah 84088

Business Telephone: (801) 618-2200

Residence Address:

1650 W. Fox Park Dr.
West Jordan Utah 84088

Residence Telephone: (801) 618-2200

Utah Driver's License #: 175

Social Security #: 175

Date of Birth: 175

Place of Birth: India

Height: 5'5 Weight: 175

Hair Color: Black Eye Color: Brown

Name/Aliases: Flavors OF India

Business Address:

1650 W. Fox Park Dr.
West Jordan Utah 84088

Business Telephone: 801-618-2200

Residence Address:

1650 W. Fox Park Dr.
West Jordan Utah 84088

Residence Telephone: (801) 618-2200

Utah Driver's License #: 175

Social Security #: 175

Date of Birth: 175

Place of Birth: India

Height: 5'5 Weight: 175

Hair Color: Black Eye Color: Brown

Name/Aliases: _____

Business Address: _____

Business Telephone: _____

Residence Address: _____

Residence Telephone: _____

Utah Driver's License #: _____

Social Security #: _____

Date of Birth: _____

Place of Birth: _____

Height: _____ Weight: _____

Hair Color: _____ Eye Color: _____

Name/Aliases: _____

Business Address: _____

Business Telephone: _____

Residence Address: _____

Residence Telephone: _____

Utah Driver's License #: _____

Social Security #: _____

Date of Birth: _____

Place of Birth: _____

Height: _____ Weight: _____

Hair Color: _____ Eye Color: _____

NOTICE: PAGES 7-10 WILL NEED TO BE FILLED OUT BY EACH PARTNER, PRINCIPAL, OFFICER, DIRECTOR WITH 20% STOCK OWNERSHIP AND MANAGERS AND ASSISTANT MANAGERS.

MANAGER/ASSISTANT MANAGER

PERSONAL INFORMATION

Name/Title: JATINDER K. DHILLON / OWNER
Business Name: FLAVORS OF INDIA
Business Address: 1650 W. Fox Park Dr. West Jordan UT 84088
Business Phone: (801) 618-2200 Home Phone: _____
Residence Address: _____
Age: 37 Date of Birth: _____ Place of Birth: _____
Height: 5-5 Weight: 175 Hair Color: BL Eye Color: BL
Utah Driver's License #: _____ Expiration Date: _____
SSN #: _____
Number of years employed by company: As Manager: 5 Total: 5

EMPLOYMENT HISTORY

Employment history for the last 3 years (Class A/Single Event):

- 1) 2005 to 2009-7-11 Eleven PHX AZ,
- 2) 2009 to 2013 → Unemployment no working
- 3) NOV 2013 CURRENT my own bussiness.

RIGHT TO ENTER PREMISES

CONSENT FORM

Having made application for an Alcohol Sales License with the City of West Jordan, I hereby authorize any representative of the City of West Jordan or any law enforcement officer unrestricted right to enter the licensed premises to verify compliance with the local ordinances and statutes regarding the marketing and sale of alcoholic beverages.

PRINT NAME JATINDER K. DHILLON
SIGNATURE Jatinder K. Dhilon DATE 10/15/13
WITNESS [Signature] DATE 10-15-2013

**CITY OF WEST JORDAN ORDINANCE
PERTAINING TO THE SALE OF ALCOHOLIC BEVERAGES**

I have read the West Jordan City ordinances pertaining to the sale and use of alcoholic beverages and agree to abide by their terms. I recognize that any violation of said ordinances may jeopardize the license issued and that said violation will justify the City Manager's/City Council's revocation or suspension of the license to be issued. The said violation may also subject the bond my employer has filed herewith to forfeiture to the City and may further subject the offender to criminal prosecution. Any knowing misstatement, omission or misrepresentation of a material fact in this application will result in the revocation of the license issued.

PRINT NAME JATINDER K. DHILLON
SIGNATURE Jatinder K. Dhillon DATE 10/15/1975
WITNESS [Signature] DATE 10/15/1975

EMPLOYEE TRAINING

I hereby swear that all my current employees have received training on the written policies, procedures and laws relating to the marketing and sale of alcoholic beverages.

PRINT NAME JATINDER K. DHILLON
SIGNATURE Jatinder K. Dhillon DATE 10/15/13
WITNESS [Signature] DATE 10-15-2013

West Jordan Police Department
8040 South Redwood Road
West Jordan, Utah 84088
801-256-2000

APPLICATION FOR CRIMINAL HISTORY RECORD REVIEW

Your application will not be processed unless all sections of this form are filled out completely

NAME: Dhillon Jatinder K. DATE OF BIRTH 11/11/80
Last Name First Name Middle Name

PREVIOUSLY USED NAME(S) (Maiden, etc.) _____

MAILING ADDRESS: _____

HOME PHONE NUMBER: _____

ALTERNATE PHONE NUMBER: _____

SOCIAL SECURITY NUMBER: _____

DRIVER LICENSE# AND STATE: _____

PHYSICAL DESCRIPTION:
HGT 5'4 WGT 170 EYE COLOR B SEX Female RACE Asian

I hereby make application to review and receive my Utah Computerized Criminal History:
Signature of applicant: Jatinder K. Dhillon Date: 10/8/13

FOR OFFICE USE ONLY:

Confirm identify of applicant with identification that shows photo, signature and date of birth. Confirm ID with the information above, then list the type of ID used and the ID number in the space provided below.

APPLICANT IDENTIFICATION INFORMATION

Type of identification used: _____ Identification number: _____

Processed by: _____

Results: UCCH _____ None: _____

Miscellaneous info _____

*****W A I V E R*****

INSTRUCTIONS FOR WAIVER: The waiver is required when application is made and you wish to have this information sent/given to someone other than yourself. This waiver must be signed and dated.

I request that the criminal history information requested be released to:

Attn: City Of West Jordan

Address: 8000 S. Redwood Rd

City/State/Zip: West Jordan, Utah 84088

I hereby release the City of West Jordan from any liability resulting from such request.

Signature of Applicant: James E. Smith

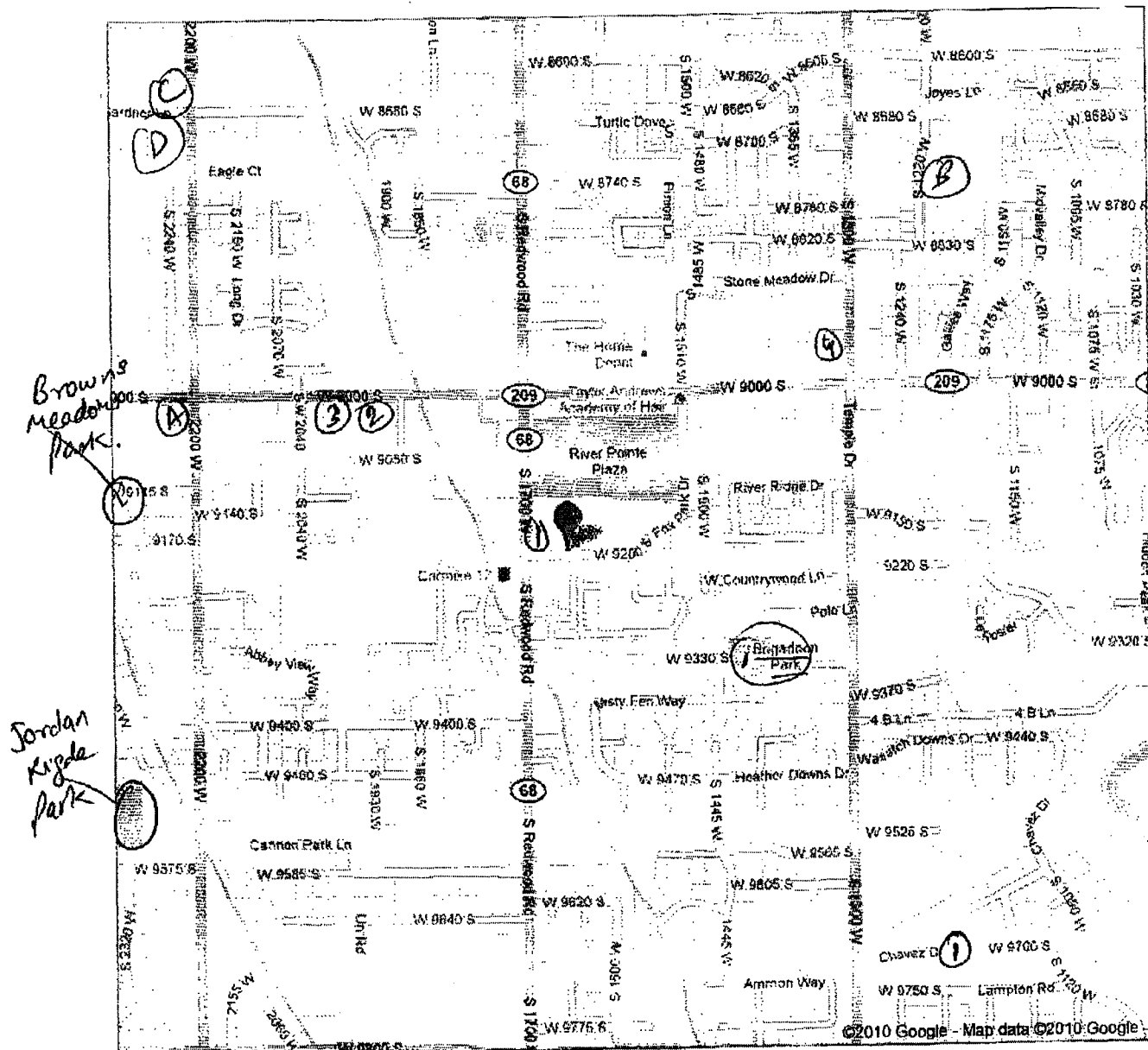
Date: 10/8/13

Google maps

Address 1650 Fox Park Dr
West Jordan, UT 84088

Get Google Maps on your phone

Text the word "GMAPS" to 466453



SCALE 1: RELIGIOUS FACILITY

- ① LDS Church
- ② LDS Church
- ③ TRINITY BAPTIST Church
- ④ LDS Church

Schools

- ① Hawthorne Academy
- ② RIVER SIDE ELEMENTARY
- ③ WEST VALE ELEMENTARY
- ④ CHALLENGER School

PARK



State of Utah

GARY R. HERBERT
Governor

GREG BELL
Lieutenant Governor

Department of Public Safety

KEITH D. SQUIRES
Commissioner

Receipt No: 2013199197

Criminal History Report

This is an official Utah Computerized Criminal History Report for the following person:

Name: JATINDER PAL KAUR DHILLON

Date of Birth:

Other Names Used:

No other names exist.

Other Dates of Birth Used:

No other birth dates exist.

NO CRIMINAL RECORD FOUND

This report reflects the criminal history as of: 10/25/2013

The Bureau of Criminal Identification did not find a match for this individual in the Utah computerized criminal history database.

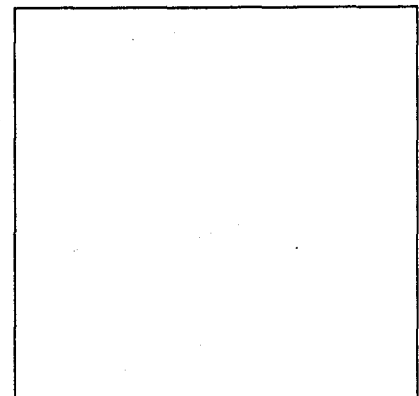
The database was searched by name only. If there had been a record it would have been verified by fingerprint comparison.

This is a report of search results from the Utah computerized criminal history file only. It does not preclude the existence of juvenile arrests, arrests in other states, or arrests not reported to the Bureau of Criminal Identification.

This report is not valid without the official seal of the State of Utah embossed in the box to the right.

I hereby certify that the information contained in this document is true and correct.

Signature of B.C.I. official



UTAH DEPARTMENT OF ALCOHOLIC BEVERAGE CONTROL

1625 S 900 W • PO Box 30408 • Salt Lake City, UT 84130-0408 • Phone (801) 977-6800 • Fax (801) 977-6889

"LIMITED RESTAURANT BOND"

BOND # 106008276

KNOW ALL PERSONS BY THESE PRESENTS:

That **Principal**, TJ Dhillon, Inc dba Flavors of India, a limited restaurant licensee, doing business as _____, and **Surety**, Travelers Casualty and Surety Company of America, a corporation organized and existing under the laws of the state of CONNECTICUT and authorized to do business in Utah, are held and bound unto the Utah Department of Alcoholic Beverage Control in the sum of **\$5,000**, for which payment will be made, we hereby bind ourselves and our representatives, assigns, and successors firmly by these presents.

Dated this 16 day of October, 2013.

THE CONDITION OF THIS OBLIGATION IS SUCH THAT:

WHEREAS, the above principal has made application to the Utah Alcoholic Beverage Control Commission for a limited restaurant license pursuant to the provisions of 32B-5-204, Utah Code.

NOW, THEREFORE, if said principal, its officers, agents and employees shall faithfully comply with the provisions of Title 32B, Utah Code, and the rules and directives of the Utah Alcoholic Beverage Control Commission and the Utah Department of Alcoholic Beverage Control, then this bond shall be void; but, if said principal, its officers, agents and employees fail to comply with the provisions of the laws, rules and directives or orders as the commission or department may issue, then this bond shall be in full force and effect and payable to the Utah Department of Alcoholic Beverage Control. This bond shall run for a continuing term effective October 16, 2013 unless canceled by service of written notice upon the Utah Department of Alcoholic Beverage Control, which cancellation shall be effective 30 days after receipt of such notice; provided however, that no part of this bond shall be withdrawn or canceled while violations, legal actions or proceedings are pending against said licensee / principal.

Travelers Casualty and Surety Company of America

Surety

Donald K. Maruji
Attorney in fact

Donald K. Maruji

{ Corporate Seal }

TJ Dhillon, Inc dba Flavors of India

Principal / Licensee

Jatinder K. Dhillon
Authorized signature

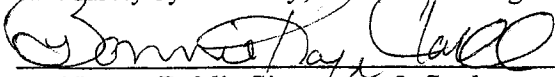
Jatinder OFFICE
Name / Title

STATUTORY AFFIDAVIT FOR CORPORATE SURETY

STATE OF: UTAH

COUNTY OF: SALT LAKE

On the 16 day of OCTOBER, 2013, personally appeared before me,
Donald K. Maruji, who, being by me duly sworn, did say that he / she is the attorney
in fact of Travelers Casualty and Surety Company of America, Surety, and that said instrument was signed in behalf of
said surety by authority, and acknowledged to me that he / she as such attorney in fact executed the same.


Notary Public Signature & Seal



Note: Corporate surety's own affidavit also acceptable

This Power of Attorney is granted under and by the authority of the following resolutions adopted by the Boards of Directors of Farmington Casualty Company, Fidelity and Guaranty Insurance Company, Fidelity and Guaranty Insurance Underwriters, Inc., St. Paul Fire and Marine Insurance Company, St. Paul Guardian Insurance Company, St. Paul Mercury Insurance Company, Travelers Casualty and Surety Company, Travelers Casualty and Surety Company of America, and United States Fidelity and Guaranty Company, which resolutions are now in full force and effect, reading as follows:

RESOLVED, that the Chairman, the President, any Vice Chairman, any Executive Vice President, any Senior Vice President, any Vice President, any Second Vice President, the Treasurer, any Assistant Treasurer, the Corporate Secretary or any Assistant Secretary may appoint Attorneys-in-Fact and Agents to act for and on behalf of the Company and may give such appointee such authority as his or her certificate of authority may prescribe to sign with the Company's name and seal with the Company's seal bonds, recognizances, contracts of indemnity, and other writings obligatory in the nature of a bond, recognizance, or conditional undertaking, and any of said officers or the Board of Directors at any time may remove any such appointee and revoke the power given him or her; and it is

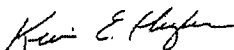
FURTHER RESOLVED, that the Chairman, the President, any Vice Chairman, any Executive Vice President, any Senior Vice President or any Vice President may delegate all or any part of the foregoing authority to one or more officers or employees of this Company, provided that each such delegation is in writing and a copy thereof is filed in the office of the Secretary; and it is

FURTHER RESOLVED, that any bond, recognizance, contract of indemnity, or writing obligatory in the nature of a bond, recognizance, or conditional undertaking shall be valid and binding upon the Company when (a) signed by the President, any Vice Chairman, any Executive Vice President, any Senior Vice President or any Vice President, any Second Vice President, the Treasurer, any Assistant Treasurer, the Corporate Secretary or any Assistant Secretary and duly attested and sealed with the Company's seal by a Secretary or Assistant Secretary; or (b) duly executed (under seal, if required) by one or more Attorneys-in-Fact and Agents pursuant to the power prescribed in his or her certificate or their certificates of authority or by one or more Company officers pursuant to a written delegation of authority; and it is

FURTHER RESOLVED, that the signature of each of the following officers: President, any Executive Vice President, any Senior Vice President, any Vice President, any Assistant Vice President, any Secretary, any Assistant Secretary, and the seal of the Company may be affixed by facsimile to any Power of Attorney or to any certificate relating thereto appointing Resident Vice Presidents, Resident Assistant Secretaries or Attorneys-in-Fact for purposes only of executing and attesting bonds and undertakings and other writings obligatory in the nature thereof, and any such Power of Attorney or certificate bearing such facsimile signature or facsimile seal shall be valid and binding upon the Company and any such power so executed and certified by such facsimile signature and facsimile seal shall be valid and binding on the Company in the future with respect to any bond or understanding to which it is attached.

I, Kevin E. Hughes, the undersigned, Assistant Secretary, of Farmington Casualty Company, Fidelity and Guaranty Insurance Company, Fidelity and Guaranty Insurance Underwriters, Inc., St. Paul Fire and Marine Insurance Company, St. Paul Guardian Insurance Company, St. Paul Mercury Insurance Company, Travelers Casualty and Surety Company, Travelers Casualty and Surety Company of America, and United States Fidelity and Guaranty Company do hereby certify that the above and foregoing is a true and correct copy of the Power of Attorney executed by said Companies, which is in full force and effect and has not been revoked.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the seals of said Companies this 16 day of October, 2013.


Kevin E. Hughes, Assistant Secretary



To verify the authenticity of this Power of Attorney, call 1-800-421-3880 or contact us at www.travelersbond.com. Please refer to the Attorney-In-Fact number, the above-named individuals and the details of the bond to which the power is attached.



POWER OF ATTORNEY

Farmington Casualty Company
Fidelity and Guaranty Insurance Company
Fidelity and Guaranty Insurance Underwriters, Inc.
St. Paul Fire and Marine Insurance Company
St. Paul Guardian Insurance Company

St. Paul Mercury Insurance Company
Travelers Casualty and Surety Company
Travelers Casualty and Surety Company of America
United States Fidelity and Guaranty Company

Surety Bond No. 106008276

Principal: TJ Dhillon, Inc dba Flavors of India
1650 W Fox Park Dr WEST JORDAN, UT 84088

Obligee: Utah Department of Alcoholic Beverage Control
1625 S. 900 W. P.O. Box 30408 SALT LAKE CITY, UT
841300408

KNOW ALL MEN BY THESE PRESENTS: That Farmington Casualty Company, St. Paul Fire and Marine Insurance Company, St. Paul Guardian Insurance Company, St. Paul Mercury Insurance Company, Travelers Casualty and Surety Company, Travelers Casualty and Surety Company of America, and United States Fidelity and Guaranty Company, are corporations duly organized under the laws of the State of Connecticut, that Fidelity and Guaranty Insurance Company is a corporation duly organized under the laws of the State of Iowa, and that Fidelity and Guaranty Insurance Underwriters, Inc. is a corporation duly organized under the laws of the State of Wisconsin (herein collectively called the "Companies"), and that the Companies do hereby make, constitute and appoint **Donald K. Maruji**, of the City of **Salt Lake City**, State of **UT**, their true and lawful Attorney(s)-in-Fact, to sign, execute, seal and acknowledge the surety bond referenced above.

IN WITNESS WHEREOF, the Companies have caused this instrument to be signed and their corporate seals to be hereto affixed, this **10th** day of **September**, 2012.


Farmington Casualty Company
Fidelity and Guaranty Insurance Company
Fidelity and Guaranty Insurance Underwriters, Inc.
St. Paul Fire and Marine Insurance Company
St. Paul Guardian Insurance Company

St. Paul Mercury Insurance Company
Travelers Casualty and Surety Company
Travelers Casualty and Surety Company of America
United States Fidelity and Guaranty Company



State of Connecticut

City of Hartford ss.

By: 
Robert L. Raney, Senior Vice President

On this the **10th** day of **September**, 2012, before me personally appeared **Robert L. Raney**, who acknowledged himself to be the Senior Vice President of Farmington Casualty Company, Fidelity and Guaranty Insurance Company, Fidelity and Guaranty Insurance Underwriters, Inc., St. Paul Fire and Marine Insurance Company, St. Paul Guardian Insurance Company, St. Paul Mercury Insurance Company, Travelers Casualty and Surety Company, Travelers Casualty and Surety Company of America, and United States Fidelity and Guaranty Company, and that he, as such, being authorized so to do, executed the foregoing instrument for the purposes therein contained by signing on behalf of the corporations by himself as a duly authorized officer.

In Witness Whereof, I hereunto set my hand and official seal.

My Commission expires the **30th** day of **June**, 2016.




Marie C. Tetreault, Notary Public



CERTIFICATE OF LIABILITY INSURANCE

Fax: 801-977-6889

DATE (MM/DD/YYYY)

10/16/2013

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Risk Managers LLC 5679 S. Redwood Road, #26 Taylorsville, UT 84123	CONTACT NAME: Don Maruji		
	PHONE (A/C, No, Ext): (801)262-1220 FAX (A/C, No): (801)262-5168		
	E-MAIL ADDRESS: dmaruji@riskman1.com		
INSURED Flavors of India; DBA TJ Dhillon, Inc; dba 1650 W Fox Park Dr West Jordan, UT 84088	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A: American Hallmark		
	INSURER B: Hartford		
	INSURER C:		
	INSURER D:		
	INSURER E:		
		INSURER F:	

COVERAGES

CERTIFICATE NUMBER: 00013204-0

REVISION NUMBER: 1

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	GENERAL LIABILITY		PKG 1016W13D2	10/16/2013	10/16/2014	EACH OCCURRENCE	\$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY					DAMAGE TO RENTED PREMISES (Ea occurrence)	\$
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR					MED EXP (Any one person)	\$ 1,000
						PERSONAL & ADV INJURY	\$
						GENERAL AGGREGATE	\$ 2,000,000
						PRODUCTS - COMP/OP AGG	\$ 2,000,000
							\$
						COMBINED SINGLE LIMIT (Ea accident)	\$
						BODILY INJURY (Per person)	\$
						BODILY INJURY (Per accident)	\$
		PROPERTY DAMAGE (Per accident)	\$				
			\$				
	UMBRELLA LIAB					EACH OCCURRENCE	\$
	EXCESS LIAB					AGGREGATE	\$
	DED						\$
	RETENTION \$						\$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY		WCE1016W13D1	10/16/2013	10/16/2014	<input checked="" type="checkbox"/> WC STATUTORY LIMITS	OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N					
	If yes, describe under DESCRIPTION OF OPERATIONS below						
						E.L. EACH ACCIDENT	\$ 100,000
						E.L. DISEASE - EA EMPLOYEE	\$ 100,000
						E.L. DISEASE - POLICY LIMIT	\$ 500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
Liquor Liability \$1,000,000 / 2,000,000 included in General Liability Coverages

CERTIFICATE HOLDER**CANCELLATION**

State of Utah DABC
Department of Alcohol &
Beverage Control
PO Box 30408
Salt Lake City, UT 84130

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

(DKM)